

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF PROCUREMENT AND SUPPORT SERVICES  
CHANGE OF NAME MODIFICATION FORM  
FOR ALL SERVICES CONTRACTS**

Today's Date: \_\_\_\_\_

Whereas on \_\_\_\_\_, 20\_\_\_\_ an Agreement entitled

was entered into between \_\_\_\_\_,

hereinafter called the Vendor, and the \_\_\_\_\_,

a unit of the Maryland Department of Health and Mental Hygiene, hereinafter called the Department; and

Whereas, the Agreement commenced on \_\_\_\_\_, 20\_\_\_\_, and is in effect until

\_\_\_\_\_, 20\_\_\_\_; with an original agreement amount of \_\_\_\_\_; and

Whereas, the Vendor requests to change the name in which it holds said Agreement between itself and the Department, and

Whereas the Vendor has provided adequate documentation that there has been a change of name; now therefore, the Vendor and the Department wish to modify this contract and agree that:

1. The Vendor's name is changed to
2. Except as modified in #1 above, all provisions of the original Agreement shall remain in full force and effect with no other terms and conditions of the contract changed.

In acknowledgement of the aforementioned, these authorized representatives of the Vendor and the Department do hereby indicate their consent.

**For the Vendor**

**For the Department**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature, Secretary or Designee

\_\_\_\_\_  
Name (Typed)

\_\_\_\_\_  
Name (Typed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Approved as to form and legal sufficiency this date: \_\_\_\_\_

\_\_\_\_\_  
Assistant Attorney General

\_\_\_\_\_  
Date